		Application Number	10/03	9,062	
TRANSMIT	TAL	Filing Date	Decer	nber 31, 200	01
FORM		First Named Inventor		n R. Matz	RECEIVED
(to be used for all correspondent	ne after initial fillne)	Art Unit			CENTRAL FAX CEN
		Examiner Name	Sean	M. Reilly	MAR 1 5 200
otal Number of Pages in This Submission	on: []	Attorney Docket Num	ber BS013	76	
	ENCL	OSURES			
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Fee Transmittel Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s) Licensing-related F Petition Petition to Convert Application Power of Attorney, Change of correspi Terminal Disclaime Request for Refund CD, Number of CD(Remarks:	to a Provisional Revocation ondence Address r	Appea and ir Appea (Appea Propri	al Communic terferences al Communic al Notice, E etary Inform	ommunication to Group cation to Board of Appeals cation to Group Brief, Reply Brief) ation (please Identify below):
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ereby certify that this correspondence is rvice with sufficient postage as first clas 22313-1450 on the date shown below.	s maii in an envelobe add	ed to the USPTO or de ressed to: Commission	posited with ner For Pat	the United ents, POB	States Postal ox 1450, Alexandria,
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED CENTRAL FAX CENTER In re application of: William R. Matz Group Art Unit: MAR 1 5 2005 2153 Application No.: 10/039,062 Examiner: Sean M. Reilly Filed: December 31, 2001 Title: "System and Method for Targeted Content Distribution Using Tagged Data Streams" **VIA FACSIMILE 703-872-9306** Attn: Examiner Unassigned 37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on: 3\15\05 (date of transmission). Bambi F. Walters Name of Person Faxing This Paper Signature <u> </u>2005 Date of Transmission

INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Forms PTO 1449 (pp. 1-5).

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, a certification fee is believed to be required (37 CFR § 1.97(b)(3)).

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It is respectfully requested that the references listed on the attached forms be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,

Bambi F. Walters

Attorney for Applicants

Registration No. 45,197

P. O. Box 5743

Williamsburg, VA 23188 Telephone: 757.253.5729

Date: MAKCH 15 2005

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

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of 5

	Complete if Known	
Application Number	10/039,062	
Filing Date	December 31, 2001	
First Named Inventor	William R. Matz	
Group Art Unit	2153	
Examiner Name	Sean M. Reilly	
Attorney Docket Number	BS01376	

		U.S. Patent Document	Name of State of Stat		
Examiner Initials	Cite No.	Number Kind Code ² (If known)	Name of Patentes or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relev Passages or Relevant Figures Appear
		677,209	Chemock et al.	06-1901	
		3,798,610	Sliss et al.	03-19-1974	
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***				Application Number	10/039,062		
		_	CLOSURE	Filing Date	December 31, 2001		
STA	TEMENT	BY A	PPLICANT	First Named Inventor	William R. Matz		
				Group Art Unit	2153		
	(use as many .	sheets as	necessary)	Examiner Name	Sean M. Reilly		
Sheet	2	of	5	Attorney Docket Number	BS01376		

		U.S. Palant Document	U.S. PATENT DOCI	JUIE 1419	
Examiner Initials	Cite No.	Number Kind Code (# known)	Name of Palentee or Applicant	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Releva Passages or Relevant Figures Appear
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Substitute for form 1449A/PTO Complete if Known Application Number 10/039,062 INFORMATION DISCLOSURE Filing Date December 31, 2001 STATEMENT BY APPLICANT First Named Inventor William R. Matz Group Art Unit 2153 (use as many sheets as necessary) Examiner Name Sean M. Reilly Sheet Of 5 **Attorney Docket Number** BS01376

			U.S. PATENT DOCUM	MENTS	
Exeminar Initials *	Cite No. ¹	Number Kind Code ² (if known)	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columna, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Cite	Foreign Patent Document			Name of Patentee	Date of Publication of	Pages, Columns, Lines,		
Inidats*	No.1	Caffi ce ³	Number ⁴	Kind Code ⁶ (<i>if known</i>)	or Applicant of Cited Document	Cited Document MM-DD-YYYY	Where Relevant Passages or Relevant Figures Appear	T _e
			EP 0 424 6 EP 116284 WO 99 522 WO 99 045 WO 99 457	0 A2 85A 61A	Wilson	02-02-1991 12-2001 10-14-1999 01-28-1999 09-10-1999		

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¹ Unique citation designation number. ² See attached Kinds of U.S. Petent Documents. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 18 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

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Substitute for form 1449A/PTO Complete if Known Application Number 10/039,062 **INFORMATION DISCLOSURE** Filing Date December 31, 2001 STATEMENT BY APPLICANT First Named Inventor William R. Matz Group Art Unit 2153 (use as many sheets as necessary) Examiner Name Sean M. Relly Sheet Of 5 **Attorney Docket Number** BS01376

		OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS	
Examiner Initials *	Cite No.1	Include name of the author (in CAPITAL LETTERS), titla of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	Т2
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Substitute for form 1449A/PTO		Complete if Known
INFORMATION DISCLOSURE	Application Number	10/039,062
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STATEMENT BY APPLICANT	First Named Inventor	William R. Matz
	Group Art Unit	2153
(use as many sheets as necessary)	Examiner Name	Sean M. Reilly
Sheet 5 , of 5	Attorney Docket Number	BS01376

	T	OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS	
Examiner Initials *	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	т
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This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/S8/17 (12-04v2) Approved for use through 07/31/2008. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paneawork Reduction Act of 1995, no nersons are required to respond to a collection of information unless it displays a willt OMB control number Effective on 12/08/2004. Complete If Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/039,062 Filing Date December 31, 2001 For FY 2005 First Named Inventor William R. Matz Examiner Name Shawn M. Reilly Applicant claims small entity status. See 37 CFR 1.27 2153 Art Unit TOTAL AMOUNT OF PAYMENT 180.00 Attorney Docket No. BS01376 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) Indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments warking: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity **Application Type** Fee (5) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 100 Design 200. 100 100 130 50 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 **Provisional** 200 100 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Multiple Dependent Claims Fee Paid (\$) - 20 or HP = Fee (\$) Foo Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee Pald (\$) HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (S) _ (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): IDS - 37 CFR 1.97(b)(3) \$180.00

SUBMITTED BY			
Signature	Sti du Welf-	Telephone 757.253.5729	
Name (Print/Type) Bambi Falvre Walters	Date March 15, 2005	

his collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the Instituting patients of information is required by 37 UFK 1.136. The information is required to current or retains a benefit by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including patienting, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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